ATTENTION CHEATHAM COUNTY ELECTION COMMISSION

I formally "Request an Absentee Ballot" based upon the following information.

1) PRINT NAME	
2) ADDRESS ON VOTER REGISTRATION	
3) MAIL MY ABSENTEE BALLOT TO THIS ADDRESS	
4) MY SOCIAL SECURITY # IS	
5) MY DATE OF BIRTH IS	_
6) MY LEGAL REASON FOR VOTING ABSENTEE (Check O	nly One)
I am over 60 years of age.	
I will be outside of this county during all hours of early voti	ing and Election Day.
I have filed a Doctor's Statement stating I am medically unable to vote in person.	
I am a member of the military, or I am a family member to the member of the military.	
I reside in a licensed facility providing relatively permanent domiciliary care (Nursing Home).	
I am hospitalized, ill or physically disabled or I am a caretaker of a person who is.	
I am a candidate I am an elect	ion official.
I am an overseas citizen I am on jury o	duty in a state or federal court.
I have a Commercial Drivers License & will be out of cour	nty (early voting & Election Day).
***My CDL # is	
I am observing a religious holiday that prevents me from v OTHER:	
7) I WISH TO VOTE IN THE:	
Please mark below if applicable: (Check One)Democrat Primary	
8) SIGNATURE OF VOTER	
All items (1 - 8) must be completed to make this request a "Property Completed - the close of business 7"	
OR FAX THE COMPLETED FORM TO (615) 792-2014	
FOR CHEATHAM COUNTY ELECTION OFFICE USE: (Circle One) This Request has been: Approved - Rejected o	
Voting Precinct/District Application	Signature
Ballot Sent Ballot Rcvd Ballot A	ffidavit Signature
BALLOT INFORMATION:	